

**NEW YORK LIFE INSURANCE COMPANY - NAIC 66915****LTC Individual - Comprehensive - Tax Qualified**

POLICY FORM: ILTC-5000(CA)(1001)

**1. Maximum Policy Benefit (MPB) =** In year(s). Enter the number of days in Company Notes.

1Yr	2Yrs	3Yrs	4Yrs	5Yrs	6Yrs	7Yrs	Lifetime	Other
NO	YES	YES	YES	YES	NO	YES	NO	YES

MPB  
Company  
Notes:

365\_ (Number of Days) times the Nursing Facility Daily Benefit = \_730, 1095, 1460, 1825, 2555 or 3650\_. Other Notes:

**2. Nursing Home/Facility Daily Benefit Amounts (NHB) -** There is a minimum and maximum amount offered in dollar increments.

Minimum	Maximum	Increment	Day	Week	Month	None	Other
\$50	\$400	\$1	YES	NO	NO	NO	NO

NHB  
Company  
Notes:

Enter Notes: None reported by the company.

**3. Residential Care Facility Daily Benefit (RCFE) -** Represents the RCFE percentage of the Nursing Facility Limit.

100%	90%	80%	75%	70%	Other
YES	NO	NO	NO	NO	NO

RCFE  
Company  
Notes:

Enter Notes: None reported by the company.

**4. Home Care Benefit Amounts (HCB) -** Represents the percentage of Home Care Benefit Amount for Comprehensive Policies.

100%	90%	80%	75%	70%	60%	50%	None	Other
YES	YES	YES	NO	YES	YES	YES	NO	NO

HCB  
Company  
Notes:

Enter Notes: None reported by the company.

**5. Home Care Only Benefit Amounts (HCBO) -** There is a minimum and maximum amount offered in dollar increments.

Minimum	Maximum	Increment	Day	Week	Month	None	Other
						YES	

HCBO  
Company  
Notes:

Not Applicable: This LTC policy form is not a Home Care Only policy.

**6. Qualification for Benefits (QB)**

QB_2_OF_6	QB_2_OF_7	QB_OTH1	QB_MN	QB_CI	QB_90DR	QB_OTH2
YES	NO	NO	NO	YES	NO	NO

<b>QB</b> Company Notes:	The need for human assistance or continual supervision to perform at least ____2____ of ____6____ Activities of Daily Living.
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**7. Elimination Period (EP) = In days Select all that applies.**

0	20	30	60	90	100	CALENDAR	SERVICE	Other
NO	YES	NO	NO	YES	NO	NO	YES	YES

<b>EP Company</b> Notes:	Enter Notes: 180 days and 365 days are also available
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**8. Inflation Protection (IP)**

<b>IP Methodology</b>	5% Compound	5% Simple	Guaranteed Purchase Option	Other
Explain IP Methodology: None reported by the company.	YES	YES	YES	YES

<b>IP Company</b> Notes:	Enter Notes: There are 7 automatic annual inflation protons options: Simple 1%, Simple 2%, Simple 3%, Simple 4%, Simple 5%, Simple 6%, and Compound 5%. There are 3 Guaranteed Purchase Options: CPI-U, CPI-U +1, and CPI-U +2. With the CPI-U Guaranteed Purchase option, the policyowner receives annual offers to increase his benefits proportionally to the increase in the CPI-U over the past year (September last year to September 2 years prior).
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**9. Waiver of Premium (WAVP)**

Enter Notes: Premiums will be waived beginning on the first day that benefits are payable after the Waiting Period has been satisfied. Premiums will continue to be waived until no benefits are payable for 30 consecutive days.
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**NEW YORK LIFE INSURANCE COMPANY - NAIC 66915**

**Long Term Care Insurance Rates**

POLICY FORM: ILTC-5000(CA)(1001)

LTC Individual - Comprehensive - Tax Qualified

20 Day Elimination Period - Service				90 Day Elimination Period - Service			
3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION
\$493	\$1,581			\$338	\$1,083		
\$740	\$2,083			\$507	\$1,427		
\$1,020	\$2,521			\$698	\$1,727		
\$1,509	\$3,235			\$1,033	\$2,215		
\$2,303	\$4,303			\$1,578	\$2,947		
\$3,985	\$6,489			\$2,730	\$4,444		

**Customer Service Telephone Number:** (800) 224 - 4582